

01/16/01  
Jc970 U.S. PTO

01-18-01

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bjarne Steen  
Docket: MS 158288.1/40062.119US01  
Title: THREAD-SPECIFIC HEAPS

Jc976 U.S. PTO  
09/761404  
01/16/01

CERTIFICATE UNDER 37 CFR 1.10  
'Express Mail' mailing label number: EL661402843US  
Date of Deposit: January 16, 2001  
I hereby certify that this paper and all items listed herein are being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.  
By: *Rita M. McAloon*  
Name: Rita M. McAloon

BOX PATENT APPLICATION  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- ☒ Utility Patent Application: Spec. 29 pgs; 51 claims; Abstract 1 pgs.  
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 10 sheets of formal drawings
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to Microsoft Corporation, Recordation Form Cover Sheet
- ☒ A check in the amount of \$1508.00 to cover the Filing Fee
- ☒ A check for \$40.00 to cover the Assignment Recording Fee.
- ☒ Return postcard

CLAIMS AS FILED

| Number of Claims Filed       |   | In Excess of: |   | Number Extra |   | Rate  |   | Fee       |
|------------------------------|---|---------------|---|--------------|---|-------|---|-----------|
| Basic Filing Fee             |   |               |   |              |   |       |   | \$710.00  |
| Total Claims                 |   |               |   |              |   |       |   |           |
| 51                           | - | 20            | = | 31           | x | 18.00 | = | \$558.00  |
| Independent Claims           |   |               |   |              |   |       |   |           |
| 6                            | - | 3             | = | 3            | x | 80.00 | = | \$240.00  |
| MULTIPLE DEPENDENT CLAIM FEE |   |               |   |              |   |       |   | \$0.00    |
| TOTAL FILING FEE             |   |               |   |              |   |       |   | \$1508.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.  
P.O. Box 2903, Minneapolis, MN 55402-0903  
(303) 357-1637

By: *RJH*  
Name: Richard J. Holzer, Jr.  
Reg. No.: 42,668  
Initials: RJH

